



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: "D", Danielson		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, SNTF- East Office	
DATE: 09/30/05	TIME: 6:55 p.m.	INVESTIGATING TROOPER / OFFICER: Tpr. Nicholson #640, Tpr. Robinson #903	DPS CASE NUMBER: 05-047858
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 152 Day Street Brooklyn, Connecticut			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 09/30/05, at approx. 6:55 p.m., troopers from the Troop D Quality of Life Task Force, with assistance from the Statewide Narcotics Task Force - East Office, and the Brooklyn Resident Troopers' Office and executed a narcotics related search and seizure warrant at the above address. Seized from the person of Debra Bradshaw and at the residence were 10 grams of Heroin, 1.0 gram of Cocaine pre-packaged, ready for sale, approx 9 assorted controlled prescription tablets, assorted drug paraphernalia and \$1295.00 in U.S. Currency. Accused Bradshaw was arrested and charged with the below listed offenses. This search and seizure warrant was issued after troopers from the Troop D Quality of Life Task Force conducted an investigation into suspected narcotic sales occurring at this residence.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Bradshaw, Debra		DOB: 02/17/1952	ADDRESS: 152 Day Street Brooklyn, Connecticut.
CHARGES: 1. Poss Heroin WITS (21a-278b) Poss of Heroin (21a-279a) 3. Possession of Cocaine (21a-279a) 4. Misrepresentation of a Controlled Substance (21a-268(a)) 5. Possession of Paraphernalia (21a-267)		COURT: GA: 11 TOWN: Danielson DATE: 10/03/05	BOND: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 50,000 <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES:		COURT: GA:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <u>CSC</u> ID #: <u>247</u> DATE: <u>9/30/05</u>			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAW</u> OR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			